The Decade of Health Information Technology
Framework for Strategic Action

Office of the National Coordinator
for Health Information Technology

Health Information Technology
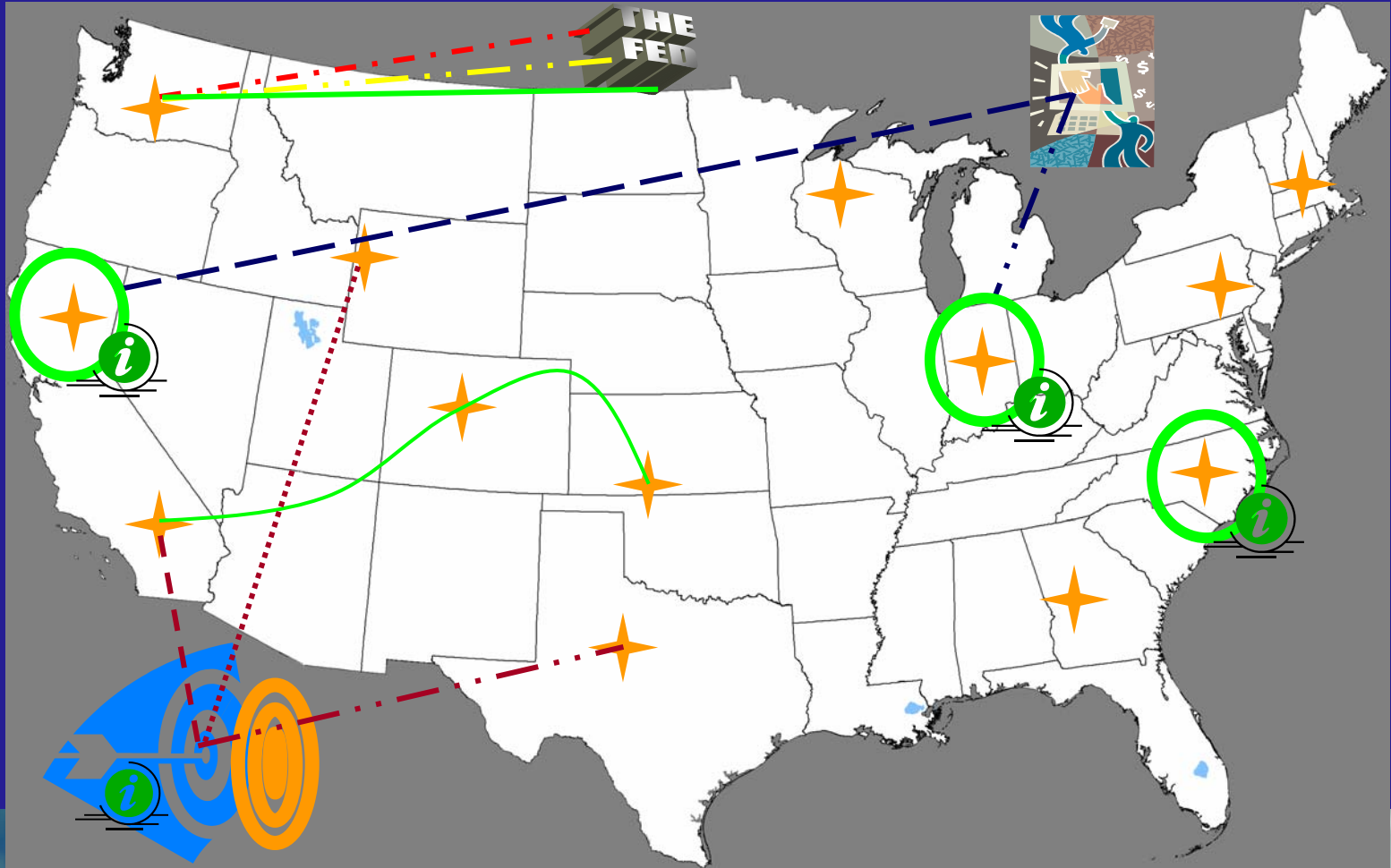
Today's Presentation:

I.   Background

II.   President's Executive Order April 27, 2004

III.   Framework for Strategic Action (Report July 21, 2004)

    a.   Goal 1 – Inform Clinical Practice

    b.   Goal 2 – Interconnect Clinicians

    c.   Goal 3 – Personalize Care

    d.   Goal 4 – Improve Population

IV.   Implementation

V.   Resources

I. Brief Background

- 1998 – National Committee on Vital and Health Statistics (NCVHS) proposes a health information infrastructure

- 2002 – Markle Foundation forms Connecting For Health initiative to promote common electronic standards

- 2003 – Consolidated Health Informatics (CHI) initiative within the government publishes a list of 20 chosen standards

- April 28, 2004 – President Bush issues Executive Order 13335 calling for widespread adoption of interoperable electronic health records (EHR) within 10 years

- May 6, 2004 – National Coordinator announced at Secretarial Summit I

- 2004 – President's Information Technology Advisory Committee (PITAC) and the Connecting For Health group publish separate calls for widespread interoperability

- July 21, 2004 – Strategic Framework published and released at Secretarial Summit II

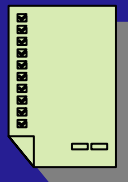# Current National Landscape

The Fundamental Equation

Electronic Information

Paper-based Information

=

Better Quality

Worse Quality

II. Executive Order: The National Coordinator Is The Secretary's Principal Advisor

- The National Coordinator will:
  - Direct HHS health IT programs;
  - Coordinate HHS health IT programs with those of other relevant Executive Branch agencies;
  - Coordinate outreach and consultation by Executive Branch agencies with interested public and private parties; and
  - Provide comments and advice regarding specific Federal health IT programs; and
  - Develop, maintain, and implement a strategic plan

III. Framework for Strategic Action

- Goal 1 – Inform Clinical Practice
  - Centers largely on efforts to bring EHRs directly into clinical practice.
  - Clinicians across American will have information tools when and where they need them.

- Strategies
  - Incentivize electronic health record (EHR) adoption
  - Reduce risk of EHR investment
  - Promote EEHR diffusion in rural and underserved areas

III. Framework for Strategic Action

- Goal 2 – Interconnect Clinicians
  - Will allow for the secure movement of health information so that EHRs will realize their full benefit.
  - Will allow information to be portable and to move with consumers from one point of care to another.
  - Will require an interoperable infrastructure to help clinicians get access to critical health care information when their clinical and/or treatment decisions are being made.

- Strategies
  - Foster regional collaborations
  - Develop a national health information network
  - Coordinate federal health information systems

III. Framework for Strategic Action

- Goal 3 – Personalize Care
  - Consumer-centric information helps individuals have choice, control and the ability to manage their own wellness and assists with their personal health care decisions.

- Strategies
  - Encourage use of Personal Health Records
  - Enhance informed consumer choice
  - Promote use of telehealth systems

III. Framework for Strategic Action

- Goal 4 – Improve Population Health
  - Population health improvement requires the collection of timely, accurate, and detailed clinical information.

  - Population health also requires the reporting of critical findings to public health officials, clinical trials and other research, and feedback to clinicians.

- Strategies
  - Unify public health surveillance architectures
  - Steamline quality and health status monitoring
  - Accelerate research and dissemination of evidence

III. Mapping of Executive Order to Strategic Framework

Executive Order				
Develop, maintain and direct the implementation of a strategic plan to create a nation-wide interoperable health care information technology	1	2	3	4
Advance development, adoption and implementation of health care information technology standards	2	4		
Ensure the key technlcal, scientific, economic and other issues that affect adoption are addressed	1	2	3	4
Evaluate evidence on the benefits and costs of health information technology and to whom the benefits accrue.	1	4		
Address security and privacy issues and recommend methods to ensure appropriate authorization, authentication and encryption of data	1	2	3	4
Serve as the Secretary's principal advisor on development, application and use of health information technology	1	2	3	4
Direct the HHS health information technology programs	2	4		
Ensure that health information technology policy and programs of HHS are coordinated with those of other executive branch agencies to avoid duplication and that agencies do work that they have experience and competency for.	2	4		
Coordinate outreach and consultation by the executive agencies, including federal agencies, with public and private organizations, including consumers, providers, payors and administrators.	1	3		
Provide comment and advice on health information technology budgets and spending throughout the federal government.	2	4		

Framework for Strategic Action

Goal 1: Inform Clinical Practice.

(1) Strategy 1. Incentivize EHR adoption.
Strategy 2. Reduce risk of EHR investment.
Strategy 3. Promote EHR diffusion in rural and underserved areas.

Goal 2: Interconnect Clinicians.

(2) Strategy 1. Foster regional collaborations.
Strategy 2. Develop a national health information network.
Strategy 3. Coordinate federal health information systems.

Goal 3: Personalize Care.

(3) Strategy 1. Encourage use of Personal Health Records.
Strategy 2. Enhance informed consumer choice.
Strategy 3. Promote use of telehealth systems.

Goal 4: Improve Population Health.

(4) Strategy 1. Unify public health surveillance architectures.
Strategy 2. Streamline quality and health status monitoring.
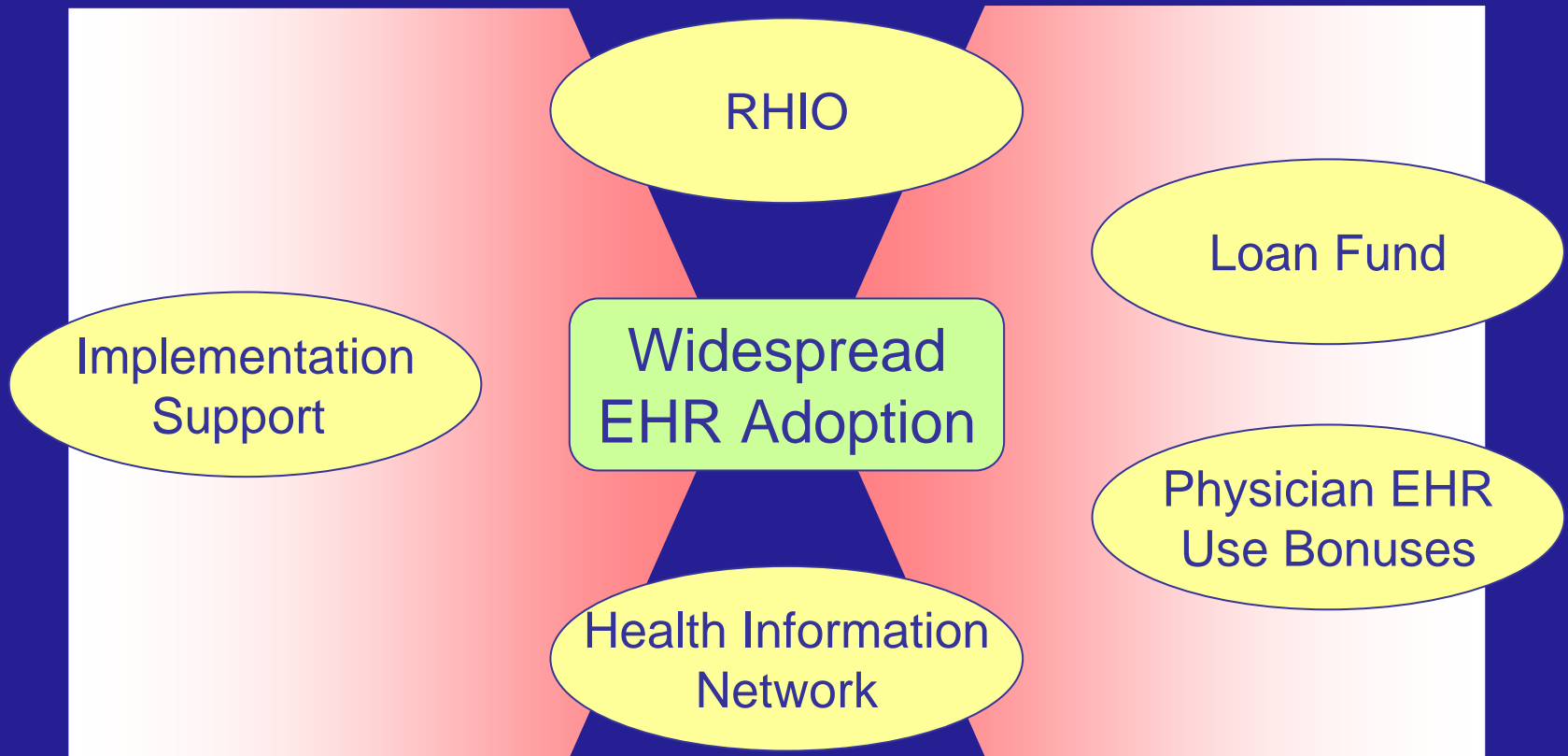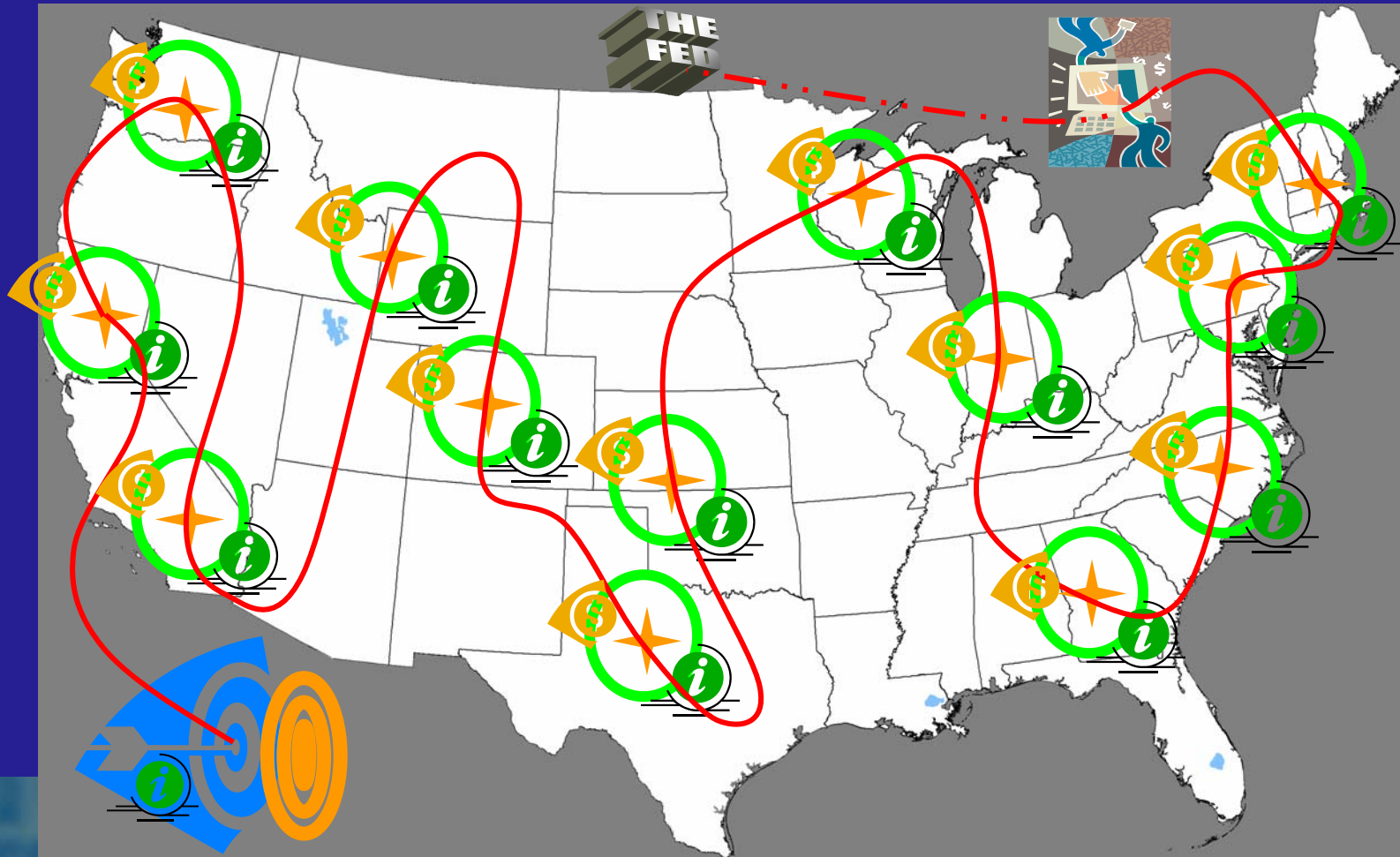Strategy 3. Accelerate research and dissemination of evidence.

Near-term Actions

RHIO

Loan Fund

Implementation Support

Widespread EHR Adoption

Physician EHR Use Bonuses

Health Information Network

Envisioned National Landscape

IV. Three Phases of Implementation

Robust performance competition
  -Consumer choice
  -Surveillance
  -Health status monitoring

Enhanced clinician operating capacity
  -EHR adoption
  -Rural diffusion
  -Accelerate research
  -PHRs

Functional market institutions
  -Reduce EHR risk
  -Regional collaboration
  -Health Information network
  -Quality measures

2004   2005   2006   2007   2008   2009   2010   2011   2012   2013   2014

IV. Implementation

- Phase 1: Development of market institutions
  - Building agents and develop the capacity to make the best use of investment and to lower risk to them by, such as:
    - Certification
    - Implementation
    - Group purchasing
    - Regional health information organizations
    - Coalitions of technology companies to develop the National Network
    - Purchaser and Payer Alliance
  - These will strengthen the demand side of the market, level the playing field for EHR buyers, and create a pro-investment milieu in the market.

IV. Implementation

- Phase 2: Development of clinical management infrastructure
  - Build the capacity to manage populations and to systematically improve clinical efficiency through EHRs and other HIT.
  - Interoperability and interconnectivity technical capacity
  - Business process reengineering

IV. Implementation

- Phase 3: Quality accountability and performance

    – Richly detailed, reliable and streamlined quality monitoring

    – True pay-for-performance that aligns the output of care with what the consumer wants and without compromising the integrity of clinician practice.

V. Resources

Office of the National Coordinator for Health Information Technology (ONCHIT) web site

http://www.hhs.gov/onchit/framework/